

Mobile Food Service Unit Location Approval Application

- ♦ This form must be submitted to Development Services and approved <u>prior</u> to obtaining a City of Savannah Business Tax Certificate or a <u>Chatham County Health Department Mobile Food Service Unit Permit</u>. Contact the Zoning Office at (912) 651-6510 for assistance. Submit application via fax (912) 651-6543 or in person at 5515 Abercorn Street (31405).
- MFSU Location Approvals expire on December 31st of each calendar year. Unless otherwise requested, applications will be processed for the current calendar year.

	APPLICATION DATE:		
☐ New Approval	Renewal		
Applicant Information			
Name of Business Owner (s):			
Phone Number (s):			
Email Address (s):			
Primary Owner's Address:			
Business Information			
Base of Operation Name:			
Check h	ere if within City Limits.		
Base of Operation Physical Address:			
Base of Operation Phone Number:	Business Email:		
Food Truck	Push Cart Public Property Private Property		
Name printed on Food Truck:	Name printed on Push Cart:		
Vehicle Make, Model and Year (If applicable):	Cart Brand Name and Model Number (if applicable):		
License Plate#:			
Type of business (brief description of goods being sold):			
Check here if you are interested in public locations of	n City of Savannah property and in City rights-of-way.		

Contact Leisure Services Permitting at (912) 351-3837 for more information.

Proposed Private Property Location(s) for Mobile Food Service Unit - For more locations, use the Supplemental Form				Office Use ONLY	
1) Location and Address	Operating Hours:	☐ MON ☐ TUES ☐ WED ☐ THUR ☐ FRI ☐ SAT ☐ SUN		☐ Approved ☐ Denied	
2) Location and Address	Operating Hours:	□ MON □ TU	Approved Denied		
3) Location and Address	Operating Hours:	□MON □TU	☐ Approved ☐ Denied		
4) Location and Address	Operating Hours:	□MON □TU	ES □WED □THUR □ SAT □ SUN	☐ Approved ☐ Denied	
5) Location and Address	Operating Hours:	□MON □TU	ES □ WED □ THUR □ SAT □ SUN	☐ Approved ☐ Denied	
Required Documentation and License	S				
The below documentation is required to qual with application.	lify for a Mobile Food	Service Unit Locat	ion Approval and <u>must</u> t	e submitted along	
Business Tax Certificate for Base of Operations, or if located outside City limits, evidence of licensing in the Base of Operation's home jurisdiction, if applicable		Georgia Motor Vehicle Driver's License			
Health Department Permit and Inspection Certificate for Base of Operations, if applicable		Recent photograph of Food Truck or Push Cart Fully Executed copy of Lease Agreement for each proposed operating location			
City of Savannah Fire Department Inspection Fire Marshal at (912) 644-5960 to schedule a	Sketch Plan(s) for each location illustrating the location of the MFSU, pedestrian clearance, any temporary seating, and other				
dimensional requirements Georgia Motor Vehicle Registration					
Grease Management Plan—Food Trucks mus the City's grease interceptor standards.	t comply with	Mobile Food Se year per MFSU	ervice Unit (MFSU) Fee (paid)	d once per calendar	
Applicant's Statement of Compliance					
By signing below, I acknowledge I have read, under Mobile Food Service Unit and all other state laws a obtain and have available at all times proof of priva	nd policies governing M	obile Food Service U	nits. I further acknowledge		
Print Name of Applicant	Signature			Date	
OFFICIAL STAFF USE ONLY					
Approval Effective date:		MFSU Fee	\$150.00		
Approval Expiration date:	_	Total Paid Balance	\$\$		
Reviewed by Development Services Staff Initial: _ Review Completed on/		Check /MO #:_			

5515 ABERCORN STREET, P.O. BOX 1024, SAVANNAH, GA 31402 PHONE: 912.651.6530 TDD: 651.6702 FAX: 651.6543 SAVANNAHGA.GOV